

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL # 889645
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		5		
7		3		1		
8		3		1		
9		3		1		
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TOTAL IND.	1		1			
TOTAL DEP.		17		5		
TOTAL CLAIMS	1	17	1	5		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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